

**Healthy Marriage Initiative
Activities and Accomplishments 2002 – 2004**

**Administration for Children and Families
U.S. Department of Health and Human Services**



Administration for Children and Families
Healthy Marriage Initiative

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INTRODUCTION

Marriage Trends

The majority of Americans continues to hold marriage in high regard and aspire to marry. In fact, ninety-three percent of all Americans hope to enter into a “lasting and happy union with one person.”ⁱⁱ Over the last three decades a majority of high school seniors have consistently affirmed that having a good marriage and family life is “extremely important.”ⁱⁱⁱ Nevertheless, marriage rates continue to decrease and divorce rates remain high while unmarried births and cohabitation increase. Further, although teen pregnancy and birth rates have declined over the last decade,ⁱⁱⁱ teens are now more accepting of alternatives to marriage, especially unwed childbearing^{iv} (see **Trend Data** box on this page for more details).

The decline in marriage rates combined with the increase in divorce, cohabitation and out-of-wedlock childbearing has led to a substantial decrease in the percentage of children living with married parents. There is an abundance of social science evidence indicating that children fare better if they grow up with their married, biological parents. Children who grow up in other family forms are at substantially greater risk of having serious problems including emotional, behavioral or substance abuse problems and poorer educational outcomes.

This research showing the substantial benefits of healthy marriage for adults, children and society (see **Benefits of Marriage** box next page) is the primary motivating factor for the Administration for Children and Families’ implementation of the Healthy Marriage Initiative (HMI).

The Healthy Marriage Initiative (HMI)

Background

In 2002, the Administration for Children and Families (ACF) within the Department of Health and Human Services launched the Healthy Marriage Initiative to support the President’s goal of increasing healthy marriages by focusing attention and action on strengthening marriages and preparing interested individuals and couples for healthy marriage.

In supporting healthy marriage, ACF seeks to improve the well-being of children and families. ACF oversees multiple programs that serve children and their families, particularly low-income children. (A list of

Trend Data

Fewer Marriages

- The percentage of Americans over 18 currently married decreased from 72% in 1970, to 62% in 1990 to 59% in 2002.²
- This trend exists across race and ethnic lines as well. In 1990 64% of Whites were married, compared to 61% in 2002. In 1990 46% of Blacks were married, compared to 43% in 2002. In 1990 62% of Hispanics were married, compared to 58% in 2002.³

Increased Unmarried Births

- In 2002, 34.0% of all births were to unmarried women. This statistic represented a six-fold increase since 1960 (5.3%) and a nearly two-fold increase since 1980 (18.4%).⁴
- By race and ethnicity, non-Hispanic Blacks had the highest percent of births to unmarried women (68.4%) in 2002, followed by American Indians (59.7%), Hispanics (43.5%), non-Hispanic Whites (23.0%), and Asian or Pacific Islanders (14.9%).⁵
- Although the unmarried teen birth rate has declined since peaking in 1995, the rate is still much higher than in previous decades. In 1960, 15.3 unmarried teens age 15-19 per 1,000 gave birth. The unmarried teen birthrate rose to 22.4 in 1970, 27.6 in 1980, 42.5 in 1990, and peaked at 44.4 in 1995. Since that time, the unmarried teen birth rate declined to 40.4 in 1999 and 37.4 in 2001.⁶

Increased Cohabitation

- From 1970 to 2000, the number of opposite-sex cohabitating households increased from 523,000 – less than 1% of all households – to 4,881,000 – 4.6% of households.⁷
- Cohabitation now precedes more than half of all first marriages.⁸

High Divorce Rates

- Although divorce rates peaked around 1980 and have slowly declined over the last two decades, the 2001 divorce rate is still nearly double that of 1960. In 1960, there were 2.2 divorces per 1,000 population; between 1979 and 1981 the divorce rate peaked at 5.3 per 1,000 population; in 2001 the divorce rate stood at 4.0.⁹

High Incidence of Domestic Violence

- 31% of women report physical abuse by a spouse or partner at some point in their lives.¹⁰
- In 1998, about 1,033,660 violent crimes were committed against intimate partners.¹¹
- Although the rate of intimate partner violence against women dropped during the 1990’s, intimate partner violence still constituted 22% of all violence against women between 1993 and 1998.¹²

relevant program offices is included in Appendix A.) These include child welfare, child support enforcement, and services to refugees and Native Americans. Marriage strengthening services fit within the missions of these and similar programs.

One of the largest programs under ACF administrative authority is the Temporary Assistance for Needy Families (TANF) program, established under the 1996 Personal Responsibility and Work Opportunity Reconciliation Act. Three of the four legislated purposes of the TANF program specifically address family formation objectives. The purposes of TANF are as follows: 1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; 2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; 3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and 4) encourage the formation and maintenance of two-parent families.

Researchers examining the implementation of the welfare reform measures have noted the limited attention given to

family formation goals compared with the goals of ending dependence by promoting job preparation and work. Some suggest that less attention was given to the family formation goals because TANF administrators did not have examples of marriage programs that might work and because there were more direct incentives and penalties in the legislation related to the goal of moving welfare recipients into work.^v

Through the Healthy Marriage Initiative, ACF is providing leadership, funding support, technical assistance and guidance to promote action in support of the family formation goals of TANF. In addition, ACF is funding and facilitating the provision of marriage strengthening services to families receiving help from other ACF programs, as well as supporting the development of community-wide initiatives that involve many different types of organizations interested in taking steps to increase healthy marriage.

The President has proposed that a portion of funds currently designated as “bonus” award funds, allocated based on States’ meeting performance goals, be set aside to support an array of marriage strengthening activities.

The Benefits of Marriage

The evidence supporting the benefits of healthy marriage is extensive. On average, married adults are healthier and more successful than their unmarried counterparts, and children raised by their married, biological parents are healthier and more successful than children of unmarried or single parents. Researchers continue to explore whether it is marriage or the characteristics of married people that account for these benefits. However, the findings to date indicate that associations between marriage and multiple measures of well-being remain when various relevant characteristics (e.g., education level, income) are taken into account.

Physical health

Married men and women enjoy longer life expectancy and less injury, illness, and disability.¹ For children in married households, there is less infant mortality and a third less alcohol/substance abuse by teens.² Children enjoy better physical health even into adulthood when they grow up with their own married parents.³

Emotional health

Married mothers suffer less depression than single or cohabitating mothers.⁴ Divorced men and women attempt suicide at a rate double that of married men and women.⁵ Moreover, children with two parents are half as likely to suffer emotional/behavioral problems as those with only one parent.⁶

Economics

Married men have higher salaries than single men,⁷ married couples tend to accumulate more wealth than single persons or cohabitating couples,⁸ and children with two married parents are less likely to live in poverty.⁹

Domestic violence and child abuse

Married women are far less likely to be victims of domestic violence than divorced/separated or single women,¹⁰ while children not living with two biological married parents are more likely to suffer child abuse.¹¹

Education

Children make higher grades, have higher college aspirations, and are half as likely to drop out when living with married parents.¹² Children with divorced parents (or with unmarried parents) have a higher risk of school failure.¹³

Many children and adults fare well in all family structures. Nonetheless, on the whole, married couples and their children fare better than people in other family types.

HMI Mission and Goals

The mission of the Healthy Marriage Initiative is to help couples, who have chosen marriage for themselves, gain greater access to marriage education services, on a voluntary basis, where they can acquire the skills and knowledge necessary to form and sustain a healthy marriage. The HMI within ACF includes activities such as:

- funding demonstration projects to provide voluntary marriage education services and build effective broad-based community coalitions to expand awareness of the value of healthy marriage to children, adults and communities;
- including healthy marriage services in federally supported programs, as appropriate;
- conducting research and evaluations on healthy marriage services; and
- providing information, training and technical assistance to interested government, community and faith-based organizations.

The goals of the Healthy Marriage Initiative are to:

- increase the percentage of children who are raised by two parents in a healthy marriage;
- increase the percentage of married couples who are in healthy marriages;
- increase the percentage of premarital couples who are equipped with the skills and knowledge necessary to form and sustain a healthy marriage;
- increase the percentage of youth and young adults who have the skills and knowledge to make informed decisions about healthy relationships including skills that can help them eventually form and sustain a healthy marriage;
- increase public awareness about the value of healthy marriages and the skills and knowledge that can help couples form and sustain healthy marriages;
- encourage and support research on healthy marriages and healthy marriage education; and
- increase the percentage of women, men and children in homes that are free of domestic violence.

The ACF Healthy Marriage Initiative is not about coercing anyone to marry or remain in unhealthy relationships. Domestic violence is a serious problem that must be addressed, and every opportunity must be taken to ensure the safety of victims or potential victims. The Healthy Marriage Initiative requires that all ACF supported activities include appropriate attention to this issue.

Further, the Healthy Marriage Initiative is not about withdrawing or transferring supports from single parents, nor is it about stigmatizing those who remain single or divorce or limiting access to divorce. ACF does not promote marriage as a panacea for reducing poverty or achieving positive outcomes for low-income children and families.

ACF's emphasis is on healthy marriages, not marriage for the sake of marriage, nor marriage at any cost. Rather, the emphasis is on marriages that provide strong and stable environments for raising children.

ACF Accomplishments

This document describes ACF's progress to date in carrying out the Healthy Marriage Initiative in coordination with many public, faith- and community-based organizations, and private partners.

ACF has supported a range of activities to increase access to marriage strengthening services and awareness about the value and benefits of healthy marriage for children, adults, and communities. Specifically, one of the early steps taken was the production of a healthy marriage compendium that was widely distributed. The compendium provides basic facts and information from research studies on marriage and its benefits and includes examples of existing programs, curricula and promising practices. Program offices within ACF have awarded grants to support the development and implementation of an array of marriage and relationship skills classes and related marriage strengthening services. These grants support the development and implementation of premarital and marriage-enrichment classes, marital inventories, marriage mentoring and similar services. From FY 2002 through FY 2004 over 100 grants were awarded, totaling over \$25 million. Further, during this period ACF committed over \$17.5 million for contracts to conduct research and evaluation on healthy marriage services and related topics.

Two special initiatives were established to promote culturally competent strategies and to work with leaders and practitioners in the African American and Hispanic/Latino communities. In 2004, ACF established a Marriage Resource Center to serve as a central library of information for the general public, practitioners, policy makers, and researchers.

More information about each of these activities is provided in the following sections.

ACF-FUNDED HMI DEMONSTRATION PROJECTS AND GRANT ACTIVITIES

| Figure 1: HMI Grant Funding by Program Office | | | | |
|---|-----------|-------------|-------------|--------------|
| Office | FY 2002 | FY 2003 | FY 2004 | Total |
| ANA Admin for Native Americans | \$0 | \$100,000 | \$752,500 | \$852,500 |
| CB Children's Bureau | \$0 | \$2,265,417 | \$4,335,082 | \$6,600,499 |
| OCSE Office of Child Support Enforcement | \$0 | \$3,101,768 | \$3,710,510 | \$6,812,278 |
| OCS Office of Community Services | \$0 | \$170,000 | \$2,380,516 | \$2,550,516 |
| ORR Office of Refugee Resettlement | \$850,000 | \$4,600,000 | \$2,900,000 | \$8,350,000 |
| TOTAL | | | | \$25,165,793 |

From FY 2002 through FY 2004, over 100 grants to support the mission and goals of the HMI were awarded by the following program offices within ACF: the Administration for Native Americans (ANA), the Children's Bureau (CB), the Office of Child Support Enforcement (OCSE), the Office of Community Services (OCS), and the Office of Refugee Resettlement (ORR). Figure 1 provides a summary of the funding levels for

each office for this activity by federal fiscal year. Descriptive summaries of the grants supported by each program office follow.

For more information on Healthy Marriage Initiative grants, go to:
<http://www.acf.hhs.gov/healthymarriage/funding/index.html>

Administration for Native Americans (ANA)

The Administration for Native Americans (ANA) promotes the goal of self-sufficiency for Native Americans by providing social and economic development opportunities through financial assistance, training, and technical assistance. ANA issued the grants described below in FY 2003 and FY 2004. The Native American Programs Act of 1974, as amended, is the authorizing legislation for these programs.

- **Chickasaw Nation** (Ada, OK.)
“Watching over Our Children.” This project provides relationship skills training to children, youth, couples, and families. The project uses the Prevention and Relationship Enhancement Program (PREP) curriculum. In addition, foster parent candidates are recruited from the PREP classes. Project Period: September 30, 2004 to September 29, 2007.
- **Denver Indian Family Resource Center** (Denver, CO).
“Healthy Relationships through the Life Cycle.” This project is working to develop culturally-appropriate curricula that support healthy marriages, encourage responsible fatherhood, and support positive youth development. The curricula are created for Native American children, youth and families living away

from traditional support systems. Project Period: September 1, 2003 to August 31, 2006.

- **First Nations Community Health Source** (Albuquerque, NM).
“All My Relations Project.” This project provides marriage enrichment/education activities for couples and single parents and services for youth. This project uses traditional healing and peacemaking to assist troubled marriages/relationships or families. Project Period: September 30, 2004 to September 29, 2007.
- **National Indian Child Welfare Association, Inc.** (Portland, OR).
“Leading the Next Generation.” The National Indian Child Welfare Association and the Native Wellness Institute (NWI) collaborate to develop strategies, best practices and a database on traditional and contemporary perspectives on Native American relationships, marriages, extended families and positive fatherhood. Project Period: September 30, 2004 to September 29, 2005.

For more information on the Administration for Native Americans, go to: <http://www.acf.hhs.gov/programs/ana/>

ACF-FUNDED HMI DEMONSTRATION PROJECTS AND GRANT ACTIVITIES:

Children's Bureau (CB)

The Children's Bureau (CB) works with State and local agencies to develop programs that focus on preventing the abuse of children in troubled families, protecting abused children, and finding permanent placements for those who cannot safely return to their homes.

Child Welfare Training Grants

The Children's Bureau awarded grants to five institutions of higher education. The grantees are developing and field-testing training curricula that assist child welfare staff in promoting healthy marriage and family formation. The grants were authorized through Section 426 of Title IV-B of the Social Security Act. Typical grantee activities include:

- Identifying and developing methods for addressing healthy marriage and family formation with the child welfare population,
- Equipping child welfare staff with curricula that support healthy marriages and family formation,
- Training graduate students,
- Partnering with faith- and community-based organizations, child welfare agencies and other community representatives to create curricula,
- Delivering continuing education workshops,
- Disseminating training material and information through the media.

The five institutions awarded these grants are:

- Syracuse University, Syracuse, NY,
- University of Denver, Graduate School of Social Work, Denver, CO,
- University of Louisville, Louisville, KY,
- State University of New York at Albany, Albany, NY,
- Forest Institute of Professional Psychology, Springfield, MO.

Project period: September 29, 2003 to September 30, 2008.

Post-Adoption Services and Marriage Education (PAAM)

The Children's Bureau awarded seven grants for projects to improve the marital relationships of post-adoption couples, in order to strengthen families that choose to adopt. Section 205 of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, as amended, authorizes these grants.

Colorado Coalition of Adoptive Families (COCAF) (Central-North Central and West-Southwest CO).

"Colorado Communities for Adoptive Families." This project adapts the Prevention and Relationship Enhancement Program (PREP) for adoptive couples to decrease adoption disruptions and dissolutions and increase marital and family well-being. Project Period: September 30, 2004 to September 29, 2009.

Children's Home Society of Florida (Tallahassee FL).

"Post-Adoption Marriage Strengthening in Families Who Have Adopted Special Needs Children." This project is working to implement and evaluate a 12-session in-home marriage strengthening program based on research by Dr. John Gottman. The project focuses on families who adopt a special needs child. Project Period: September 20, 2004 to September 29, 2009.

Bethany Christian Services, Inc. (Atlanta and Columbus, GA).

"Relationship Enhancement for Adoptive Parents (R.E.A.P.) Project." This project is developing a post-adoption marriage enrichment curriculum based on the Relation Enhancement (RE) program. Project Period: September 20, 2004 to September 29, 2009.

Child and Family Services of New Hampshire (Central and Eastern NH).

"Collaborative Post-Adoption Services Project of New Hampshire (CPAS-NH)." This project targets foster care adoptive families for comprehensive, wraparound post-adoption services that feature the Prevention and Relationship Enhancement Program (PREP). Project Period: September 20, 2004 to September 29, 2009.

DePelchin Children's Center (Houston TX).

"Four Connections and a Fun Day." This project interweaves the Prevention and Relationship Enhancement Program (PREP) with the Educational Network for Adoption – Building Lasting Environments (ENABLE) curriculum for its post-adoption marriage education classes. Project Period: September 20, 2004 to September 29, 2009.

Children's Home Society of Washington (Seattle, WA).

"Strengthening Adoptive Families through Education (SAFE) Program." This project supports post-adoption couples and families through a blend of three research-based programs: the Gottman Institute's "Art and Science of Love" marriage strengthening curriculum, After-Adoption Assistance Wraparound Services provided by the Kinship Center, and the adoption services model promoted by the Oregon Post-Adoption Resource Center. Project Period: September 20, 2004 to September 29, 2009.

Adoption Resources of Wisconsin (Milwaukee, WI).
 “The Science of Great Families.” This project employs a marriage strengthening curriculum based on research by Dr. John Gottman, along with forgiveness therapy, in assisting post-adoption families. The project supplements these curricula with respite care, peer support, and referrals to faith- and community-based organizations. Project Period: September 20, 2004 to September 29, 2009.

Safe and Stable Families Grants

Seven grantees have received funding through the Promoting Safe and Stable Families Grant Program. These grants vary in approach, but all support healthy marriage, family formation and safety for children and families in or at risk of being in the child welfare system. They are authorized by Section 430 of Title IV-B, Subpart 2, of the Social Security Act.

- **Louisiana Department of Social Services** (Baton Rouge, LA).
 “The Knapsack Project of Louisiana.” This project is designed to add a healthy marriage component to existing services from the Louisiana Department of Social Services. The project provides staff with training in the Prevention and Relationship Enhancement Program (PREP) curriculum. The staff use PREP to support healthy marriages and enhanced relationships for parents and adult caregivers in fragile families. Family Resource Centers and staff are provided with a “knapsack” of materials that address issues around marriage for specific groups such as teens and African-Americans. Project Period: September 30, 2003 to September 29, 2006.
- **Nebraska Department of Health and Human Services** (Omaha, NE).
 “The Healthy Marriage Initiative of Nebraska.” This project works with couples who are engaged or considering marriage by providing marriage-preparation classes and linking couples with mentor couples. Curricula used include the Prevention and Relationship Enhancement Program (PREP), “Engaged Encounter” and “When Families Marry,” as well as marriage inventories such as Facilitating Open Couple Communication, Understanding & Study (FOCCUS). This project includes a public awareness campaign which focuses on the benefits of healthy marriage through billboards, TV spots, brochures and pamphlets. Project Period: September 30, 2003 to September 29, 2006.
- **Orange County Social Service Agency** (Orange County, CA).
 “Strengthening Families in Orange County.” This project represents a collaborative effort among child

welfare offices, university partners, and faith- and community-based organizations. Project funds are used to provide Relationship Enhancement (RE) classes for couples receiving voluntary child welfare services, and to evaluate RE for this population. The curriculum is offered in both English and Spanish and trains couples to be instructors in order to increase the outreach of the program. Project Period: September 30, 2003 to September 29, 2006.

- **Oklahoma Department of Human Services** (Oklahoma City, OK).
 “Strengthening Marriages in Oklahoma.” The aim of this project is specifically focusing on the needs of adoptive couples and improving and expanding marriage education programs. Offered statewide, services include marriage education retreats for adoptive parents, enriched adoption support services, and marriage education curricula geared toward the specific issues that adoptive couples face. Project Period: September 30, 2003 to September 29, 2006.
- **Florida Department of Children and Families** (Tallahassee and the Northwest Panhandle, FL).
 “Strengthening Parents in Florida.” This project helps strengthen the relationships of parent couples who are involved in the child welfare system. Couples receive a 12-week in-home counseling service. Strengthening Families aims to improve caregiver/child relationships and reduce levels of conflict among married or cohabitating couples. Project Period: September 30, 2003 to September 29, 2006.
- **Florida Department of Children and Families** (Jacksonville and Ft. Lauderdale, FL).
 “Building Local Capacity for Healthy Marriages and Families in Florida.” This project offers classes in healthy relationship formation, marriage enhancement, and team parenting to couples in the child welfare population. Project Period: September 30, 2003 to September 29, 2006.
- **Florida Department of Children and Families** (Orlando, FL).
 “Building Stronger Families in Florida.” This project provides premarital counseling and group workshops to strengthen marriages and couple relationships. Additionally, training for certification in marriage and family therapy, at both masters and doctoral levels, is provided for counselors. Project Period: September 30, 2003 to September 29, 2006.

For more information on the Children’s Bureau, go to:
<http://www.acf.hhs.gov/programs/cb/>

Office of Child Support Enforcement (OCSE)

The Office of Child Support Enforcement (OCSE) facilitates State and Tribal development of programs that locate non-custodial parents, establish paternity when necessary, and obtain and enforce child support orders.

Special Improvement Projects (SIPs)

SIP grants fund faith- and community-based organizations, as well as state, local, and tribal agencies, to improve child support outcomes such as paternity establishment and child support collections and improve the economic well-being of children. These grants are authorized through Title IV-D of the Social Security Act. In 2003 and 2004, the following six grantees received funding to provide child support and marriage education services to improve outcomes for children.

2003 SIP Grants

- **Alabama Child Abuse and Neglect Prevention Board/The Children's Trust Fund of Alabama** (Montgomery, AL).
"Family Connections in Alabama." This project tested the healthy relationship curriculum, "Caring for My Family," developed by Michigan State University with couples and women connected with the child support program. Project Period: January 1, 2003 to December 31, 2003.
- **The Marriage Coalition** (Cleveland Heights, OH).
"Better Together." This project tested a curriculum developed to improve the relationships of poor, unmarried parents. The curriculum was a collaboration of Smart Marriages and Survival Skills of Healthy Families. Project Period: January 1, 2003 to August 31, 2004.
- **Lehigh Valley Healthy Marriage Coalition (LHMC), Community Services for Children (CSC)** (Allentown, PA).
"Family Formation and Development." This project provides healthy relationship and marriage education services to Hispanic Head Start parents. Curricula are adapted to respond to Hispanic language and cultural needs. Project Period: January 1, 2003 to May 31, 2005.

2004 SIP Grants

- **Iowa Bureau of Collections, State Department of Human Services** (Des Moines, IA).
"Connecting Child Support to the Community to Secure Improved Outcomes for Children." This project promotes parental responsibility and healthy

marriage by enhancing linkages between the Child Support Recovery Unit and the community. The grant also increases public awareness of the importance of parental responsibility and marriage through media campaigns and presentations by trained child support workers to faith- and community-based organizations. Project Period: July 1, 2004 to November 30, 2005.

- **Tennessee Department of Human Services** (Memphis – Shelby County, TN).
"Promoting Parental Responsibility and Healthy Marriage." This project targets unwed parents at pre-natal settings, birthing hospitals and other locations to educate them on parental responsibilities and the value and benefits of marriage. The project also coordinates with schools and other faith- and community-based organizations to educate teens and young adults about the benefits of delaying parenthood until marriage. Project Period: July 1, 2004 to November 30, 2005.
- **Opportunities Industrialization Center (OIC)** (Milwaukee, WI).
"Parental Responsibility and Promoting Healthy Marriage." This project adds parental responsibility workshops to existing programs and emphasizes child support enforcement policies and consequences. OIC also plans to train child support enforcement workers in the PREP curriculum and then educate participants on parental responsibilities and healthy marriage. Project Period: July 1, 2004 to November 30, 2005.

1115 Waiver Demonstration Projects

These grants provide matching federal monies for demonstration projects that expand on current child support programs. The projects are funded using the child support formula grant matching rate of 66% Federal and 34% State; the projects are authorized by section 1115 of the Social Security Act. Though varied, all projects emphasize the importance of healthy marriage to a child's well-being, as well as financial stability, increased paternity establishment, and child support collection.

- **Idaho Department of Health and Welfare** (Nampa, ID).
"Healthy Marriages and Responsible Fatherhood." This project primarily works with couples who have children or who are expecting children, in order to improve child support outcomes such as paternity establishment, child support order establishment, and child support payment. The project recruits couples

through a public outreach campaign and through local hospitals. Project Period: June 7, 2003 to September 30, 2008.

- **Michigan Family Independence Agency** (Grand Rapids, MI).
“Healthy Marriages and Healthy Relationships.” This project utilizes faith- and community-based organizations to provide marriage preparation and mentoring services. The goals of the project include improving child support outcomes, creating more supportive community attitudes toward healthy marriage, and providing marriage skills training to interested couples expecting children. Project Period: October 1, 2003 – September 30, 2008.
- **Minnesota Office of Child Support Enforcement** (Minneapolis/St. Paul, MN).
“Minnesota Healthy Marriage and Responsible Fatherhood Initiative.” This project encourages stable family formation by providing services to parents who marry after the birth of their children. Additionally, couples who have stable marriages mentor new unwed parents recruited in hospitals from paternity programs and other services. Project Period: July 1, 2004 to September 30, 2009.
- **Louisiana Department of Social Services** (New Orleans, LA).
“The Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative.” This project integrates child support services and marriage strengthening services. Through identification of couples from the in-hospital paternity establishment process, the initiative informs the couple about the benefits of healthy relationships to children’s well-being. The program offers post-natal services for parents to strengthen bonds with their children.

Additionally, the program provides referrals to premarital and marriage education services at participating hospitals during prenatal and post-birth phases. Project Period: July 1, 2004 to September 30, 2007.

- **Illinois Department of Public Aid** (Chicago, IL).
“A Child Support Demonstration Project to Help Families Build and Maintain Healthy Family Relationships and Marriage.” The purpose of this project is to improve the operation of the child support program through provision of information to unmarried or divorced parents about the benefits of paternity establishment and child support. The project also provides workshops to assist interested couples to form healthy relationships and marry, if they choose. Assistance is also provided for help with employment, child care, and housing. Project Period: October 1, 2004 to September 3, 2007.
- **Massachusetts Department of Revenue** (Boston, MA).
“Building Healthy Marriages and Family Relationships.” This project is part of the Boston Healthy Marriage Initiative, which brings together two existing programs: the Boston Healthy Start Initiative, and the Father Friendly Initiative. The project provides women and men with referrals for services, including healthy marriage education. Project Period: October 1, 2004 to September 3, 2007.

For more information on the Office of Child Support Enforcement, go to:
<http://www.acf.hhs.gov/programs/cse/>

Office of Community Services (OCS)

The Office of Community Services (OCS) addresses the economic and social needs of the urban and rural poor at the local level through grants and technical assistance.

Community Services Block Grant (CSBG) Program

The CSBG Program has funded healthy marriage activities through competitive, discretionary training and technical assistance grants. Granted projects all work to strengthen marriage and support families through community organizations. The grants are authorized by the Omnibus Budget Reconciliation Act, Title VI, Subtitle B, as amended.

- **Fayette County Community Action Agency** (Uniontown, PA).
This project provided couples with marriage preparation services using the *Growing Together* and *Becoming a Family* curricula. The project also provided nurse-family pre-pregnancy care. Project Period: October 1, 2003 to September 30, 2004, extended to March 31, 2005.
- **Delaware Ecumenical Council on Children and Families** (Wilmington, DE).
This project, organized around the Delaware Healthy Marriage Initiative, arranged a conference of over 100 participants to organize partnerships among marriage-supporting agencies. Project Period: October 1, 2003 to September 30, 2004, extended to December 29, 2004.
- **First Baptist Community Development Corporation (FBCDC)** (Somerset, NJ).
This project designed the Couples With Promise (CWP) curriculum to assist low-income couples. CWP had two components: a six-month series of roundtables in which couples exchanged ideas about building strong marriages, and a 10-week course based on the book *Empowering Couples* by David and Amy Olsen. Project Period: October 1, 2003 to September 30, 2004, extended to January 29, 2005.

Compassion Capital Fund (CCF)

Created in 2002, CCF is a key component of the President's Faith-Based and Community Initiative. CCF helps faith- and community-based organizations increase their organizational capacity and improve the services they provide, often to those most in need. CCF is funded through appropriations by Congress and is administered under Section 1110 of the Social Security Act. The Compassion Capital Fund administers two grant programs: the **CCF Demonstration Program** and the

CCF Targeted Capacity Building Program (mini-grants).

The **CCF Demonstration Program** funds intermediary organizations to work directly with faith-based and community organizations to provide training and technical assistance and sub-awards. The 2003 and 2004 CCF Demonstration Program Announcements included healthy marriage as one of seven priority areas in which intermediaries could provide services or sub-awards. Grantees electing to include healthy marriage are described below.

- **Institute for Youth Development (IYD)** (Multiple sites).
“Institute for Youth Compassion Capital Fund.” IYD develops programs to educate teens, parents, and educators about the importance of avoiding alcohol, drugs, sex, tobacco, and violence. As an intermediary, they convey their expertise in these areas to smaller faith-based and community organizations. Over the past two years IYD has made multiple sub-awards which directly support healthy marriage. Project Period: September 2002 to September 2005.

Examples of IYD Sub-awards that Support Healthy Marriage:

- **First Things First** (Chattanooga, TN). Multiple programs work with low-income couples and at-risk youth to reduce divorce and out-of-wedlock childbearing, increase marital satisfaction, and encourage unwed fathers to participate more fully in the lives of their children. Project Period: 12 months.
- **New Mexico Marriage and Parenting Alliance (NMMPA)** (Albuquerque, NM). Funds were used to establish best practices for providers of healthy marriage, fatherhood, and family-strengthening initiatives statewide. Project Period: 12 months.
- **Christians Addressing Family Abuse** (Eugene, OR). This faith-based organization uses CCF funds to assist clients in creating safe, emotionally healthy homes in which children flourish. Project Period: 12 months.
- **First Baptist Church of Lakewood** (Lakewood, WA). This rural faith-based organization provides marriage and fatherhood education to a population that including Native Americans, Alaska Natives, Native Hawaiians, African Americans, Hispanics, and South East Asians. Project Period: 12 months.
- **Ozarks Marriage Matters (OMM)** (Springfield, MO). OMM aims to reduce out-of-

wedlock pregnancies, lower divorce rates, increase fathers' involvement with children, and expand the availability of relationship education. Project Period: 12 months.

- **Institute for Contemporary Studies, Bay Area Inner City Leadership Alliance (BAICLA)** (San Francisco, CA).
“California State Healthy Marriage Initiative (CSHMI).” The CSHMI (formerly the Bay Area Healthy Marriage Initiative) builds the capacity of small faith- and community-based organizations to provide marriage education programs and services. The sub-awards granted through the CSHMI fund three-day Marriage Education Certification Programs, FOCCUS seminars,^{vi} advanced marriage and family strengthening seminars, and a fatherhood project. Project Period: September 2004 to September 2007.
- **Governor’s Office of Faith-Based and Community Initiatives** (State of OH).
“Ohio Compassion Capital Project.” The Governor’s Office, in coordination with the Economic Community Development Institute, Community Care Network, Ohio Community Action Training Organization, and Freestore Foodbank, is intensely engaged in capacity building with grassroots organizations. The project is planning to develop a “Best Practices” healthy marriage curriculum. Additionally, the project is expected to fund up to 12 sites, with a special initiative for youth and adults involved in the justice system. Project Period: September 2004 to September 2007.

- **The Metropolitan Council (Met Council) on Jewish Poverty** (New York City, NY).
“Technical Assistance Growth Fund.” With CCF funds, Met Council has offered three training and technical assistance conferences on marriage education. Through these conferences, Met Council assists small faith- and community-based organizations that provide services for couples to build and sustain healthy marriages. Project Period: September 2004 to September 2007.
- **HIGH County Consulting LLC Faith Initiatives of Wyoming** (State of WY).
“Faith Initiatives of Wyoming Compassion Capital Fund Project.” This project provides faith- and community-based organizations with marriage training through the Marriage, Family, and Respect Life Ministry Division of the Catholic Dioceses of Wyoming. Workshops use marriage curricula such as the Prevention and Relationship Enhancement Program (PREP) and the FOCCUS^{vii} pre-marital inventories. Project Period: September 2004 to September 2007.

The **CCF Targeted Capacity Building Program (mini grants)** funds faith- and community-based organizations with one-time mini-grants to increase their capacity to serve targeted social service priority areas, including increasing marriage education services. Twenty-eight (28) organizations received mini-grants to work in the area of healthy marriage in 2004.

For more information about the Office of Community Services, go to: <http://www.acf.hhs.gov/programs/ocs/>

Office of Refugee Resettlement (ORR)

The Office of Refugee Resettlement (ORR) funds programs to help refugees, Cuban/Haitian entrants, asylees, and others establish a new life that is founded on self-support and full participation in the United States. In Federal fiscal years 2002 to 2004, ORR awarded over \$8 million in grants to organizations that work with refugees to provide healthy marriage activities. The culturally sensitive services provided by grantees include pre-marital education, marriage education, healthy dating programs for teens, parenting programs, and training for marriage mentoring. These programs, which are based on mainstream models, have been adapted to suit the various languages, cultures and religions of the refugee populations they serve. The legislative authority for these grants comes from the Refugee Act of 1980.

In FY 2002, the Hebrew Immigrant Aid Society (HIAS) and the United States Conference of Catholic Bishops (USCCB) submitted a proposal to ORR to fund healthy marriage activities at eight pilot sites: Chicago, IL; Atlanta, GA; San Diego, CA; Denver, CO; Allentown, PA; Pittsburgh, PA; Nashville, TN; and Dallas, TX. ORR awarded HIAS and USCCB a grant of \$850,000 for the period of September 2002 to September 2004.

In September 2003, ORR awarded nine grantees a total of \$2.6 million annually over a three year period to provide healthy marriage services to refugees at over 40 sites around the U.S. These grantees include:

- **Hebrew Immigrant Aid Society (HIAS)** (Multiple sites).
“Refugee Family Strengthening Program.” This project conducts marriage enrichment workshops for refugees in six sites: Atlanta, GA; Chicago, IL; Denver, CO; Tucson, AZ; Bergen County, NJ; and San Diego, CA. HIAS uses culturally appropriate adaptations of the PAIRS^{viii} and Power of Two curricula as its marriage enrichment models. Project Period: September 2003 to September, 2006.
- **United States Conference of Catholic Bishops (USCCB)** (Multiple sites).
“Strengthening Refugee Families and Marriages.” This project helps integrate marriage and family enrichment services into programs for refugees and refugee families. Project sites are in thirteen locations across the country:
 - Phoenix, AZ
 - Oakland, CA
 - Hartford, CT
 - Chicago, IL
 - Indianapolis, IN
 - Portland, ME
 - Grand Rapids, MI
 - St. Paul, MN
 - St. Louis, MO
 - Cleveland, OH
 - Dallas, TX
 - Houston, TX
 - Richmond, VAProject Period: September 2003 to September 2006.
- **Lutheran Immigration & Refugee Services (LIRS)** (Multiple sites).
“The Healthy Family Initiative.” This project helps strengthen marriages and family relationships within refugee communities in three sites: Trenton, NJ; Colorado Springs, CO; and Omaha, NE. Project Period: September 2003 to September, 2006.
- **Medical College of Wisconsin, Access Medical Health Clinic, and the Sebastian Psychology Family Practice** (State of WI).
“Initiative for Mental Health.” This project strengthens the families and marriages of the refugee population of Milwaukee and throughout the state of Wisconsin. Culturally-sensitive programs are provided for Russian and Ukrainian refugees, Muslim refugees from Africa, and Hmong refugees. Project Period: September 2003 to September 2006.
- **Lao Family Community Development, Inc.** (Multiple sites in CA).
“Initiative for Healthy Families.” This project supports refugees and their families through Mutual Assistance Association (MAA) networks. These networks include the Cambodian MAA, the Slavic MAA, the Lao Mein MAA, and the Vietnamese MAA, all of which include faith- and community-based organizations specific to the populations they serve. This program operates sites in Long Beach, Oakland and Sacramento, CA. Project Period: September 2003 to September 2006.
- **Kurdish Human Rights Watch** (Multiple sites).
“Family Enrichment Project.” This project provides customized Marriage Enrichment workshops to Kurdish populations in three sites: Nashville, TN; Portland, OR; and Detroit, MI. Project Period: September 2003 to September 2006.
- **Orange County Social Services Agency** (Orange County, CA).
“Refugee Family Enrichment Services.” This project provides customized pre-marital educational and marriage enrichment training to refugee youth, young adults and married couples. The project trains

refugee couples to act as mentors in their ethnic communities. Additionally, the project is working to build refugee resource centers. This program has sites in Santa Ana, Garden Grove and Anaheim, CA. Project Period: September 2003 to September 2006.

- **Ethiopian Community Development Council (ECDC)** (Multiple sites).
“Strengthening Families in VA, TX, and NV.” This project helps to develop outreach, services, and training for African refugee groups, in coalition with local social service providers. The project is also working to develop appropriate marriage enrichment trainers, training programs, and materials for African refugees, and support training refugee couples to act as mentors in their ethnic communities. This project operates in three sites: Arlington, VA; Las Vegas,

NV; and Houston, TX. Project Period: September 2003 to September 2006.

- **Boat People SOS** (Multiple sites).
“Assistance to Refugee Couples (ARC).” This project provides marriage enrichment training primarily to Southeast Asian refugees, using the Prevention and Relationship Enhancement Program (PREP) as its model. The project currently operates in six sites: Orange County, CA; Louisville, KY; Raleigh, NC; Atlanta, GA; Philadelphia, PA; and St. Louis, MO. Project Period: September 2003 to September 2006.

For more information on the Office of Refugee Resettlement, go to:
<http://www.acf.hhs.gov/programs/orr/>

AFRICAN AMERICAN HEALTHY MARRIAGE INITIATIVE (AAHMI)

The AAHMI promotes a culturally competent strategy within the broader Healthy Marriage Initiative for fostering healthy marriage and responsible fatherhood, improving child well-being and strengthening families within the African American community. To move the initiative forward, the AAHMI has a three-pronged strategy:

- **Education and Communication** with the African American community through the use of forums,
- **Enhancement of Partnerships** by enlisting the support of African American media, African American faith- and community-based organizations, Historically Black Colleges and Universities, and African American civic, public and non-traditional organizations,
- **Facilitating Access to Community and ACF Resources** by building capacity to deliver marriage education services.

The AAHMI Roundtable met in Washington DC on August 1, 2003, convening a group of professionals and practitioners serving the African American community. This Roundtable crafted the mission statement of the AAHMI: "To promote and strengthen the institution of healthy marriage in the African American community."

The AAHMI Roundtable provided a blueprint for the Initiative in the earliest stages, and the AAHMI Forums have provided an arena for a national public dialogue on a number of issues pertinent to African American healthy marriage. Additionally, the Forums have served as community outreach efforts, leaving behind in each host city a burgeoning community healthy marriage coalition.

- **Atlanta AAHMI Forum – "Strengthening Families, Youth Making Healthy Choices."** Held at the Morehouse College of Medicine in November 2003, the first AAHMI Forum provided a special

venue for creative discussion on how the AAHMI relates to African American youth. The Forum included workshops on subjects including healthy relationships, marriage education, research and applied practices, and model practices for Community Healthy Marriage programs.

- **Dallas AAHMI Forum – "Why Marriage Matters: The Role of Business and the Media."** Held in January 2004, the Dallas Forum featured prominent business and media leaders speaking on the use of the media in promoting healthy marriage. Speakers discussed how media can enhance programming at the community level, as well as further the goals of the AAHMI via mass communication.
- **Chicago AAHMI Forum – "Why Marriage Matters: The Role of Faith-Based and Community Organizations."** Held in May 2004, the Chicago Forum focused on identifying the needs and resources of clergy and community faith leaders to promote healthy marriage services.
- **Los Angeles AAHMI Forum – "African American Healthy Marriage: What's Hip Hop Got to Do with It?"** Held in September 2004 at UCLA, the LA Forum created a dialogue among youth, adults, and service providers, all working to mobilize youth to educate their peers about making healthy choices and establishing healthy relationships that strengthen families.

For more information on the African American Healthy Marriage Initiative, go to:
http://www.acf.hhs.gov/healthymarriage/aa_hmi/AAHMI.html

HISPANIC HEALTHY MARRIAGE INITIATIVE (HHMI)

The goal of the HHMI is to increase the number of Hispanic children who grow up in healthy, married two-parent families by addressing the unique cultural, linguistic, demographic, and socio-economic needs of families in Hispanic communities. Specifically, this includes increasing awareness in the Hispanic community of the HHMI and establishing readiness in the Hispanic community for accessing marriage related resources.

Since early 2004, the HHMI leadership team has held discussions with prominent leaders from faith- and community-based organizations in multiple cities around the country and in Puerto Rico. These leaders came together for a national Roundtable in Washington, DC in October 2004. At the Roundtable, the leaders offered

suggestions for developing the goals and strategies for the nationwide implementation of the HHMI.

Following the Roundtable, a group of six faith- and community-based organizations in New York and New Jersey created a coalition to provide marriage education to local Latino communities. The coalition prepared 40 staff to provide marriage education and, upon completion of the first set of sessions, the coalition expects to meet again to analyze their experiences and plan to broaden their service delivery.

For more information on the Hispanic Healthy Marriage Initiative, go to:
http://www.acf.hhs.gov/healthymarriage/about/hispanic_hm_initiative.html

ACF-FUNDED HMI RESEARCH

The Office of Planning, Research and Evaluation (OPRE) in ACF supports research and evaluation focused on improving the effectiveness and efficiency of ACF programs. Its functions include developing evaluation and research studies and managing their conduct; reviewing and analyzing research and evaluation findings; disseminating data analyses and research and demonstration findings; and providing guidance and technical resources to ACF programs. Rigorous research and evaluation has played an integral role in the design and implementation of the Healthy Marriage Initiative since its inception.

Multi-site Evaluations

ACF has launched three evaluations of approaches to providing healthy marriage education services. These evaluations study programs operated by ACF partners at the state and local level.

- **Building Strong Families.** The purpose of this project is to evaluate healthy marriage services for romantically involved low-income, unwed parents around the time of the birth of a child. The BSF project entails three major components: providing technical assistance to program sites, analyzing program implementation, and conducting impact analysis. This project is an important opportunity to learn whether well-designed programs and services can help couples fulfill their aspirations for a healthy marriage. Contractor: Mathematica Policy Research, Inc. Project Period: September 2002 to September 2011.
- **Supporting Healthy Marriage.** This study evaluates methods of helping low-income married couples to strengthen and maintain their marriages. The project involves working in partnership with state or local officials in selected sites, providing technical assistance in the design and implementation of marriage skills programs, and analyzing program implementation and impacts. Contractor: MDRC. Project Period: September 2003 to September 2012.
- **Community Healthy Marriage Initiative Evaluation.** This project evaluates the implementation of healthy marriage demonstrations, funded through the Office of Child Support Enforcement Section 1115 authority, that aim to improve outcomes for children, adults, and the greater community. The evaluation examines outcomes related to marital quality and stability, parenting behaviors, and child support. Some programs may be selected for an impact evaluation using a matched comparison site design. Contractor: RTI International. Project Period: September 2003 to September 2010.

Other Research Sponsored by ACF

ACF has also sponsored other projects related to healthy marriage.

- **Measuring Couple Relationships.** This study reviewed the state of the art in measuring couple relationships across a broad range of categories, covering psychological, sociological, economic, and other relevant literatures. The project assessed the need for refinement of current measures to better address the multiple dimensions of couple relationships. Contractor: Child Trends. Project Period: June 2003 to September 2004.
- **Financial Disincentives to Marriage.** This research examines tax provisions and policies within federal and state programs, including the Earned Income Tax Credit and means-tested benefit programs such as welfare or food stamps. This project features a database that catalogs relevant federal and state tax policies and social service program rules that create marriage benefits and penalties. Contractor: Urban Institute. Project Period: September 2003 to September 2005.
- **Service Delivery Settings and Evaluation Design Options for Strengthening and Promoting Healthy Marriage.** This research examines potential opportunities for, and challenges to, expanding healthy marriage education services in a variety of settings and provides recommendations related to integrating evaluation decisions into the design of programs to strengthen healthy marriages. A second component provides a systematic review of rigorous evaluations of marriage education programs. Contractor: Urban Institute. Project Period: September 2002 to August 2004.
- **Options for Collecting Marriage and Divorce Statistics.** This project is jointly sponsored by ACF and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), with cooperation from the National Center for Health Statistics and the National Institute of Child Health and Human Development. The study analyzes options for improving the collection of marriage and divorce statistics at the federal, state, and local levels. Contractor: The Lewin Group. Project Period: September 2003 to September 2005.

For more information on HMI research, go to:

http://www.acf.hhs.gov/healthymarriage/funding/opre_projects.html#strong_families

OTHER HMI-RELATED PARTNERSHIPS AND PROJECTS

Partnerships are important to the Healthy Marriage Initiative. In addition to the state and local partners involved in multiple demonstration projects, ACF collaborates with AmeriCorps*VISTA (Volunteers in Service to America) and the Federal Employee Assistance Program (EAP).

AmeriCorps*VISTA Partnership with ACF's HMI

AmeriCorps*VISTA is a national service program for men and women ages 18 and older who are interested in serving in faith- and community-based organizations. For 35 years, AmeriCorps*VISTA has been helping to bring communities and individuals out of poverty. Today, nearly 6,000 AmeriCorps*VISTA members serve in hundreds of nonprofit organizations and public agencies throughout the country. Promoting family-strengthening activities, such as those that form and sustain healthy marriages, is one of three primary objectives for AmeriCorps*VISTA. Consequently, in 2003 AmeriCorps*VISTA collaborated with ACF to hold conferences around the United States to promote the use of AmeriCorps*VISTA volunteers to potential organizations. It is estimated that these conferences reached over 1,100 people. ACF's regional offices have

also promoted the use of AmeriCorps*VISTA volunteers to HMI grantees. For example, the Bay Area Inner City Leadership Alliance (BAICLA), a Compassion Capital Fund (CCF) grantee, has drawn on the services of VISTA volunteers to support the marriage-strengthening programs it provides. VISTA volunteers assist by recruiting and organizing volunteers, and training direct service providers in marriage preparation and education services.

For more information on AmeriCorps*VISTA, go to: <http://www.americorps.org/vista/index.html>

Federal Employee Assistance Pilot Program on Marriage Education

Federal Occupational Health (FOH), a contractor with the Department of Health and Human Services, is working with ACF to develop a Healthy Marriage pilot program for federal employees. This pilot program adds marriage education services to the existing array of services offered to federal employees through the Employee Assistance Program. The program may eventually be implemented throughout DHHS and possibly the federal government.

LESSONS LEARNED

Since the inception of the HMI in 2002, ACF and its partners have learned valuable lessons on how to support healthy marriages in different settings and with different groups. The following points summarize some lessons learned through two primary sources. One source is a qualitative analysis of a project focusing on low-income unmarried parents, supported by the Office of Child Support Enforcement.^{ix} The second source is written progress reports and oral reports from grantees working with the Office of Refugee Resettlement. While the findings below stem from these specific projects, the lessons highlight issues that are likely to be useful in other programs or settings.

Desire by Clients for These Services

- Program experience indicates that couples who participate in these programs are very receptive to the content in marriage education services. Many report that they wish the program was longer.
- Program staff are sometimes unaware that romantic, viable relationships exist among low-income unmarried parents or that couples are interested in marriage.

Marketing and Recruitment

- Although clients often have positive responses once they begin participating, they are often initially unaware of what marriage education services are and how they might benefit from participation. Therefore, outreach, advertising, and marketing are necessary.
- It may be necessary to employ a variety of advertising and recruitment approaches. It is also important to take the community and cultural context into consideration in developing strategies and materials.
- Posting notice in multiple settings is important. Some programs have found that postings on community bulletin boards and at barber shops and beauty salons have been fruitful methods for recruiting participants.
- Past program “graduates” who have participated and benefited from the programs may be good recruiters and the best source of new referrals.

Staff Composition

- Identify and retain a qualified and enthusiastic project director. The overall success of any particular program will depend on many factors, but one of the most important factors is the skill and zeal of the local project director. The local leader should have an entrepreneurial personality, since starting a healthy marriage program is akin to starting a new business.
- Provide adequate staff training to address serious issues that may face some participants and develop appropriate mechanisms to link participants to

needed services. For example, some participants may be dealing with current or past domestic violence or mental health problems that need to be addressed immediately.

- Utilizing male staff, in addition to female staff, is important in encouraging participation by men and both partners within couples. Male staff might function as co-facilitators with females to provide alternative perspectives and relationship role modeling. They may also serve as recruitment/outreach workers with a special focus on increasing participation by men.
- Use married couples. Married couples can be used as program staff or play other roles such as mentors. In any case, they can serve as healthy marriage role models. For some target populations, participants may not have seen many couples working through long-term healthy marriages.
- Look for staff and other support from varied sources. Help may be available through interns, volunteers, AmeriCorps*VISTA workers, and clergy. Many local colleges have intern and volunteer programs already in place. Local clergy are often very willing to assist with classes and with recruitment.

Formatting Classes

- Utilize group settings. Couples tend to prefer marriage education services delivered in small classes or group settings, rather than one-on-one.
- Serve participants in groups based on their characteristics. In order to be most meaningful, the choice of curriculum content should be tailored to the circumstances of participants. For example, there are disadvantages to combining unattached single parents and romantically involved or married couples in the same group sessions.
- Adapt curricula to engage persons with different backgrounds. The Healthy Marriage Initiative is being translated and extended to many different communities and cultures. Some curricula content must be adapted to reflect and address communities with different expectations or norms. Important differences may exist regarding gender roles, religion, culture or traditions.
- Make classes lively and entertaining. In order to promote continued participation, healthy marriage staff should have excellent presentation techniques that engage clients. Such staff must receive appropriate training and feedback from program management.
- Offer classes in a variety of settings. Because participation is voluntary, services must be offered within organizational settings that are comfortable and acceptable to the target population. Comfort

levels may vary depending on the location; some participants may be comfortable attending sessions in faith-based settings and others may not.

- Variety in approach creates interest. Some programs have held special “couples nights,” where couples sit at romantic candlelit tables for class. Other programs have had outdoor outings for their couples.
- Offer classes at a variety of times. Often, both members of a couple are busy with work or other obligations. Scheduling classes at night or on the weekend may better facilitate participation.
- Offer classes in a variety of locations. Not all participants have the transportation necessary to

reach a single designation location. In response, some programs have shifted the location of classes from one place to another at different times and others offer the same services in multiple locations.

- Provide activities for children at the same time as the adult activities in order to facilitate parental participation. Some programs have volunteers who care for young children and computer rooms for older children. During the summer, some sites have offered classes to teens on healthy dating.
- Some programs have offered modest incentives, such as “baby bucks” (money toward baby clothes and toys) or door prizes, to encourage regular and ongoing attendance.

ACF-FUNDED HMI RESOURCES AND MATERIALS AVAILABLE

Since the creation of the Healthy Marriage Initiative in 2002, ACF has provided information about the healthy marriage initiative to the general public. ACF's website (<http://www.acf.hhs.gov/healthymarriage/index.html>) provides access to current information on the HMI.

ACF has also provided technical assistance to state and local agencies through contracted resources and staff experts in each of the 10 regional offices and in the central office.

Technical Assistance to Healthy Marriage Initiatives

ACF launched the technical assistance component of the HMI in Fall 2002.

- **Technical Assistance (TA) for Individual Sites.** Since October 2002, The Lewin Group, under contract to ACF, has provided technical assistance (TA) to healthy marriage programs. Lewin's TA focuses on organizations that have been funded by ACF to conduct HMI activities. The TA includes assisting in building coalitions, developing Management Information Systems (MIS), convening conferences for the support of stakeholders, and providing data to document the need for the initiative or to refine the community strategy. One product available to interested parties is a technical assistance tool kit with information on a number of issues related to healthy marriage.
- **2-Day Training Workshops.** In addition to site-specific assistance, Lewin and ACF organized a number of two-day training workshops in Chattanooga, TN, in partnership with a long-standing community healthy marriage program there. The workshops served two purposes: allowing sites to learn more about how to get started or move forward with implementing their HMIs, and providing sites with opportunities to share experiences and network with one another.

For more information on the technical assistance tool kit and links to related materials, go to: http://www.lewin.com/Spotlights/Features/Spotlight_Feature_CHMI.htm

Sharing Lessons across States and Communities

The Welfare Peer Technical Assistance Network, organized for state and local governments through ACF's Office of Family Assistance, supports the Healthy Marriage Initiative by holding events on healthy marriage. Two Healthy Marriage Workshops and three Roundtables

highlight best practices and model programs that encourage the development and sustaining of healthy marriages.

Additionally, through Rapid Response Training Conferences, another project of the Office of Family Assistance, states and communities have convened to discuss issues related to the HMI. Between 2002 and 2004, four conferences focusing on healthy marriage, fatherhood, family formation, and strengthening families were held across the country. Activities at the conferences included discussion of the HMI in general and information-sharing on research, resources, strategies, and program development.

For more information on the Welfare Peer Technical Assistance Network, go to: <http://peerta.acf.hhs.gov/>

Healthy Marriage Resource Center (HMRC)

Sponsored by ACF's Office of Family Assistance, the HMRC was funded in September 2004. It is designed to serve as a national repository and distribution center for information and research relating to healthy marriage for educators, practitioners, individuals, and other interested entities. In addition, the HMRC aims to provide the public with information on how to find healthy marriage programs.

More information on the Healthy Marriage Resource Center will be forthcoming. Visit the HMI home page, <http://www.acf.hhs.gov/healthymarriage/index.html>, to learn more.

Further Readings on the Healthy Marriage Initiative

In the following readings, Dr. Wade F. Horn, Assistant Secretary for Children and Families, discusses the Healthy Marriage Initiative.

Dr. Horn discusses marriage research and programs offering marriage strengthening services.
Horn, W. "Closing the Marriage Gap." *Crisis Magazine*, 21 (6), June 2003.
<http://www.crisismagazine.com/june2003/>

Dr. Horn testifies before the Senate Subcommittee on Children and Families about the Healthy Marriage Initiative.

Horn, W. (April 28, 2004.) "Testimony: Statement by Wade F. Horn, Ph.D."
<http://www.hhs.gov/asl/testify/t040428d.html>

POINTS OF CONTACT IN ACF

ACF is divided into ten regions. Persons listed below may be contacted for questions regarding the Healthy Marriage Initiative in each region.

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|-------------------------------|--|---|-----------------------|--|
| Central Office (continued) | Loren Bussert, Project Officer, Office of Refugee Resettlement, Healthy Marriage Discretionary Grants | 370 L'Enfant Promenade, SW Washington, DC 20447 (202) 401-4732 Fax (202) 401-5487 | lbussert@acf.hhs.gov | |
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APPENDIX A: ACF PROGRAM OFFICES

Administration on Developmental Disabilities (ADD):

ADD ensures that individuals with developmental disabilities and their families participate in the design of, and have access to, culturally competent services, supports, and opportunities that promote independence, productivity, integration, and inclusion into the community. For more information on ADD, go to: <http://www.acf.hhs.gov/programs/add/>

Administration for Native Americans (ANA): ANA promotes the goal of self-sufficiency for Native Americans by providing social and economic development opportunities through financial assistance, training, and technical assistance. For more information on ANA, go to: <http://www.acf.hhs.gov/programs/ana/>

Child Care Bureau (CCB): The Child Care Bureau supports low-income working families through child care financial assistance. In addition, CCB promotes children's learning by improving the quality of early care, education, and after school programs. For more information on CCB, go to: <http://www.acf.hhs.gov/programs/ccb/>

Children's Bureau (CB): CB works with State and local agencies to develop programs that focus on preventing the abuse of children in troubled families, protecting abused children, and finding permanent placements for those who cannot safely return to their homes. For more information on CB, go to: <http://www.acf.hhs.gov/programs/cb/>

Family and Youth Services Bureau (FYSB): FYSB provides services and opportunities to young people, particularly runaway and homeless youth. For more information on FYSB, go to: <http://www.acf.hhs.gov/programs/fysb/>

Head Start Bureau (HSB): Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age five, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families. For more information on HSB, go to: <http://www.acf.hhs.gov/programs/hsb/>

Office of Child Support Enforcement (OCSE): OCSE facilitates State and Tribal development of programs that locate non-custodial parents, establish paternity when

necessary, and obtain and enforce child support orders. For more information on OCSE, go to: <http://www.acf.hhs.gov/programs/cse/>

Office of Community Services (OCS): OCS addresses the economic and social needs of the urban and rural poor at the local level by providing grant monies and technical assistance. For more information on OCS, go to: <http://www.acf.hhs.gov/programs/ocs/>

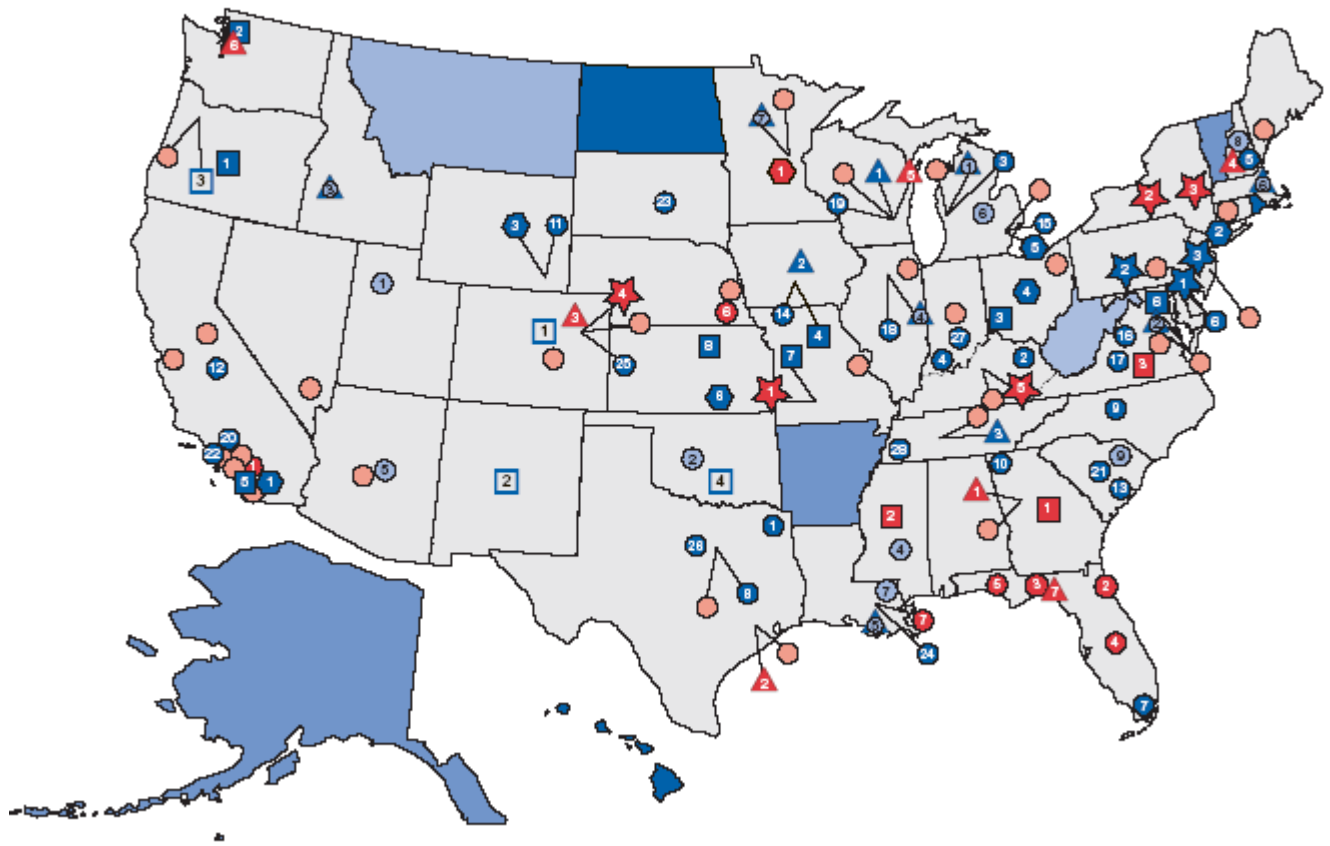
Office of Family Assistance (OFA): OFA oversees the Temporary Assistance for Needy Families (TANF) Program which was created by the Welfare Reform Law of 1996. TANF provides assistance and work opportunities to needy families by granting states the federal funds and wide flexibility to develop and implement their own welfare programs. For more information on OFA, go to: <http://www.acf.hhs.gov/programs/ofa/>

Office of Planning, Research and Evaluation (OPRE): OPRE is the principal office in ACF that works on improving the effectiveness and efficiency of ACF programs. Its functions include developing, monitoring and evaluating programs; collecting and analyzing data; disseminating data analyses, research, and demonstration findings; and providing guidance, technical assistance, and oversight to ACF programs. For more information on OPRE, go to: <http://www.acf.hhs.gov/programs/opre/>

Office of Refugee Resettlement (ORR): ORR helps refugees, Cuban/Haitian entrants, asylees, and others to establish a new life that is founded on self-support and full participation in the United States. For more information on ORR, go to: <http://www.acf.hhs.gov/programs/orr/>

President's Committee for People with Intellectual Disabilities (PCPID): PCPID advises the President of the United States and the Secretary of the Department of Health and Human Services on issues concerning citizens with intellectual disabilities. PCPID also coordinates activities between different federal agencies and assesses the impact of their policies upon the lives of citizens with intellectual disabilities and their families. For more information on PCPID, go to: <http://www.acf.hhs.gov/programs/pcpid/>

APPENDIX B:¹



Map

¹ Updated October 29, 2004.

LEGEND

ACF Healthy Marriage Grantees

Children's Bureau



Healthy Marriage University Curriculum Development

1. Forest Institute of Professional Psychology - Springfield, MO
2. Syracuse University - Syracuse, NY
3. The Research Foundation of SUNY - Albany, NY
4. University of Denver (Colorado Seminary) - Denver, CO
5. University of Louisville Research Foundation, Inc. - Louisville, KY



Safe and Stable Healthy Marriage Activities

1. Georgia
2. Mississippi
3. Virginia



Post-Adoption Services & Marriage Education Demonstration Projects

1. Bethany Christian Services, Inc. - Atlanta, GA
2. DePelchin Children's Center - Houston, TX
3. Colorado Coalition of Adoptive Families - Louisville, CO
4. Child & Family Services of New Hampshire - Manchester, NH
5. Adoption Resources of Wisconsin - Milwaukee, WI
6. Children's Home Society of Washington - Seattle, WA
7. Children's Home Society of Florida - Tallahassee, FL



Child Welfare Community Marriage Partnerships

1. County of Orange - Santa Ana, CA
2. Florida Department of Children and Families - Jacksonville, FL
3. Florida Department of Children and Families - Ft. Lauderdale, FL
4. Florida Department of Children and Families - Central Florida
5. Florida Department of Children and Families - Northwest Panhandle
6. Nebraska Department of HHS - Lincoln, NE
7. State of Louisiana Dept. of Social Service - Baton Rouge, LA

Office of Family Assistance



Marriage Resource Center

1. National Council on Family Relations - Minneapolis, MN

Office of Refugee Resettlement

Healthy Marriage Education Programs

Arizona

Phoenix

Colorado

Colorado Springs
Denver

Illinois

Chicago

Michigan

Detroit
Grand Rapids

New Jersey

Trenton

Pennsylvania

Philadelphia

Virginia

Richmond

California

Los Angeles
Long Beach
Oakland
Orange County
Sacramento
San Diego

Connecticut

Hartford

Indiana

Indianapolis

Minnesota

St. Paul

Nevada

Las Vegas

Tennessee

Nashville

Wisconsin

Milwaukee

Kentucky

Louisville

Missouri

St. Louis

Ohio

Cleveland

Texas

Dallas
Houston

Maine

Portland

Nebraska

Omaha

Oregon

Portland

Georgia

Atlanta

Office of Community Services

CAP Agency Healthy Marriage Grants

1. Delaware Ecumenical Council on Children and Families - Wilmington, DE
2. Fayette County Community Action Agency, Inc. - Uniontown, PA
3. First Baptist Community Development Corporation - Somerset, NJ

The Institute for Youth Development

1. Christians Addressing Family Abuse - Eugene, OR
2. First Baptist Church of Lakewood - Lakewood, WA
3. Healthy Visions - Cincinnati, OH
4. Iowa Family Policy Council - Pleasant Hill, IA
5. Marriage Education Institute - Leucadia, CA
6. Marriage Savers - Potomac, MD
7. Ozarks Marriage Matters - Springfield, MO
8. Victory Faith Assembly of God - Concordia, KS

2004 CCF Intermediaries (No Sub-Awards given as yet)

1. The Institute for Contemporary Studies - Oakland, CA
2. Metropolitan Council on Jewish Poverty - New York, NY
3. High County Consulting - Cheyenne, WY
4. Ohio Governor's Office of Faith-Based and Community Initiatives - Columbus, OH
5. New Detroit - Detroit, MI
6. Wichita State University - Wichita, KS

Office of Child Support Enforcement

Special Improvement Project Grants

1. Opportunities Industrialization Center of Greater Milwaukee - Milwaukee, WI
2. Iowa Department of Human Services - Des Moines, IA
3. Tennessee Department of Human Services - Nashville, TN

1115 Waivers

1. OCSE 1115 #1 - Grand Rapids, MI
2. OCSE 1115 #2 - VA
3. OCSE 1115 #3 - Nampa, ID
4. OCSE 1115 #4 - Chicago, IL
5. OCSE 1115 #5 - New Orleans, LA
6. OCSE 1115 #6 - Boston, MA
7. OCSE 1115 #7 - Minneapolis/St. Paul, MN

Compassion Capital Fund Mini Grants

1. 1st Choice Pregnancy Resource Center - Texarkana, TX
2. Bluegrass Healthy Marriages Partnership - Lexington, KY
3. Child and Family Resource Council - Grand Rapids, MI
4. Community Marriage Builders, Inc. - Evansville, IN
5. Community Marriage Initiative, Inc. - Amherst, NH
6. Delaware Ecumenical Council on Children and Families - New Castle, DE
7. EnFamilia, Inc. - Homestead, FL
8. Families are Relationships Foundation - Dallas, TX
9. Family Life Council of Greater Greensboro, Inc. - Greensboro, NC
10. Family Support Council - Dalton, GA
11. First Christian Church of Cheyenne - Cheyenne, WY
12. Global Village Christian Center, Inc. - Fremont, CA
13. Heritage Community Services, Inc. - Charleston, SC
14. Iowa Family Policy Center - Pleasant Hill, IA
15. Learning Institute of Family Education (LIFE) - Detroit, MI
16. Marriage Alliance of Central Virginia - Forest, VA
17. Marriage Builders Alliance of Richmond - Richmond, VA
18. Martin Temple Community Foundation, Inc. - Chicago, IL
19. Opportunities Industrialization Center of Greater Milwaukee - Milwaukee, WI
20. Orange County Marriage Resource Center - Anaheim, CA
21. Palmetto Family Council - Columbia, SC
22. Primera Iglesia Cristiana Manantiales De Vida - Orange, CA
23. Sioux Empire Marriage Savers - Sioux Falls, SD
24. South Baton Rouge Church of Christ - Baton Rouge, LA
25. The Center for Community Excellence and Social Justice - Denver, CO
26. The Parenting Center - Ft. Worth, TX
27. United Way of Johnson County - Franklin, IN
28. YWCA of Greater Memphis - Memphis, TN

Administration for Native Americans

Social and Economic Development Strategies

1. Denver Indian Family Resource Center - Lakewood, CO
2. First Nations Community Health Source - Albuquerque, NM
3. National Indian Child Welfare Association, Inc. - Portland, OR
4. Chickasaw Nation of Oklahoma - Ada, OK

Temporary Assistance for Needy Families State Grants

- | | |
|----------------|-------------------|
| 1. Utah | 6. Michigan |
| 2. Oklahoma | 7. Louisiana |
| 3. Florida | 8. New Hampshire |
| 4. Mississippi | 9. South Carolina |
| 5. Arizona | |

ENDNOTES

Endnotes from Trend Data Box

- ¹ From 10.6 marriages per 1,000 population in 1970 (U.S. Census Bureau, *Statistical Abstract of the United States*, 1999: p. 110, Table 155), to 8.4 in 2001 (U.S. Census Bureau, *Statistical Abstract of the United States*, 2003: Table 126, www.census.gov/prod/2004pubs/03statab/vitstat.pdf).
- ² U.S. Census Bureau, *Statistical Abstract of the United States*, 1987: p. 38, Table 44; and U.S. Census Bureau, *Statistical Abstract of the United States*, 2003: Table 61, www.census.gov/prod/2004pubs/03statab/pop.pdf
- ³ Note that Hispanics may be included in the White and Black categories. U.S. Census Bureau, *Statistical Abstract of the United States*, 2003: Table 61, www.census.gov/prod/2004pubs/03statab/pop.pdf
- ⁴ Department of Health and Human Services, Centers for Disease Control, National Center for Health Statistics, "Nonmarital Childbearing in the United States, 1940-99," *National Vital Statistics Reports*, Volume 48, Number 16, p. 17, Table 1, http://www.cdc.gov/nchs/data/nvsr/nvsr48/nvsr48_16.pdf; *National Vital Statistics Reports*, Volume 52, Number 10, p. 53, Table 17, http://www.cdc.gov/nchs/data/nvsr/nvsr52/nvsr52_10.pdf
- ⁵ *National Vital Statistics Reports*, Volume 52, Number 10, p. 53, Table 17, http://www.cdc.gov/nchs/data/nvsr/nvsr52/nvsr52_10.pdf
- ⁶ U.S. Census Bureau, *Statistical Abstract of the United States*, 1987: p. 61, Table 86; and U.S. Census Bureau, *Statistical Abstract of the United States*, 2003: Table 92, <http://www.census.gov/prod/2004pubs/03statab/vitstat.pdf>
- ⁷ In 1970, 523,000 opposite-sex households cohabitated out of 63,401,000 total households – .8% of all households (U.S. Census Bureau, *Statistical Abstract of the United States*, 1987: p. 42, Tables 54 and 55). In 2000, 4,881,000 opposite-sex households cohabitated out of 105,480,000 total households – 4.6% of all households (U.S. Census Bureau, *Statistical Abstract of the United States*, 2003: Table 69, www.census.gov/prod/2004pubs/03statab/pop.pdf)
- ⁸ Bumpass, Larry & Lu, Hsien-Hen. (2000) "Trends in Cohabitation and Implications for Children's Family Contexts in the U.S." *Population Studies*, 54 (29-41). As cited by The National Marriage Project. (2004). *State of Our Unions: The Social Health of Marriage in America*. National Marriage Project, Piscataway, NJ: June 2004. p. 21.
- ⁹ U.S. Census Bureau, *Statistical Abstract of the United States*, 2003: Table 83, www.census.gov/prod/2004pubs/03statab/vitstat.pdf
- ¹⁰ Karen Scott Collins, Cathy Schoen, Susan Joseph et al. (May 1999.) Violence and Abuse. Special Report, as cited in Health Concerns Across a Woman's Lifespan: The Commonwealth Fund 1998 Survey of Women's Health. Retrieved on November 29, 2004 from http://www.cmwf.org/publications/publications_show.htm?doc_id=235787
- ¹¹ Rennison, C.M., & Wilchans, S. (2000). "Intimate Partner Violence." *Bureau of Justice Statistics Special Report*. May 2000: NCJ 178247.
- ¹² Rennison, C.M., & Wilchans, S. (2000). "Intimate Partner Violence." *Bureau of Justice Statistics Special Report*. May 2000: NCJ 178247.

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- ¹ Lee A. Lillard and Linda J. Waite, 1995. "Til Death Do Us Part: Marital Disruption and Mortality," *American Journal of Sociology* 100: 1131-56; Catherine E. Ross et al., 1990. "The Impact of the Family on Health: Decade in Review," *Journal of Marriage and the Family* 52: 1059-1078; Paul R. Amato, 2000. "The Consequences of Divorce for Adults and Children," *Journal of Marriage and the Family* 62(4): 1269ff; Linda J. Waite and Mary Elizabeth Hughes, 1999. "At the Cusp of Old Age: Living Arrangements and Functional Status among Black, White, and Hispanic Adults," *Journal of Gerontology: Social Sciences* 54b (3): S136-S144; Amy Mehraban Pienta et al., 2000. "Health Consequences of Marriage for the Retirement Years," *Journal of Family Issues* 21(5): 559-586. As cited by Institute for American Values. (2002). *Why Marriage Matters: Twenty-One Conclusions from the Social Sciences*. New York: Institute for American Values.
- ² J.A. Gaudino, Jr., et al., 1999. "No Fathers' Names: A Risk Factor for Infant Mortality in the State of Georgia," *Social Science and Medicine* 48(2): 253-65; C.D. Siegel et al., 1996. "Mortality from Intentional and Unintentional Injury among Infants of Young Mothers in Colorado, 1982 to 1992," *Archives of Pediatric and Adolescent Medicine* 150(10) (October): 1077-83; Trude Bennett and Paula Braveman, 1994. "Maternal Marital Status as a Risk Factor for Infant Mortality," *Family Planning Perspectives* 26(6): 252-256; Robert L. Flewelling and Karl E. Bauman, 1990. "Family Structure as a Predictor of Initial Substance Use and Sexual Intercourse in Early Adolescence," *Journal of Marriage and the Family* 52: 171-181; Robert A. Johnson et al., 1996. *The Relationship between Family Structure and Adolescent Substance Use* (Rockville, MD: Substance Abuse and Mental Health Services Administrations, Office of Applied Studies, U.S. Dept. of Health and Human Services). As cited in Institute for American Values (2002). See also: Johnson, R. A., Johnson, J. P., and Gerstain, D. R. (1996). "The Relationship between Family Structure and Adolescent Substance Use." National Opinion Research Center for the U.S. Department of Health and Human Services, Washington, D.C. As cited by *Father Facts* 3, p. 73.
- ³ Ronald Angel and Jacqueline Worobey, 1988. "Single Motherhood and Children's Health," *Journal of Health and Social Behavior* 29: 38-52; Jane Mauldon, 1990. "The Effects of Marital Disruption on Children's Health," *Demography* 27: 431-446; Olle Lundberg, 1993. "The Impact of Childhood Living Conditions on Illness and Mortality in Adulthood," *Social*

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⁴ Susan L. Brown, 2000. "The Effect of Union Type on Psychological Well-Being: Depression among Cohabitors versus Marrieds," *Journal of Health and Social Behavior* 41 (September): 241-255. As cited in Institute for American Values (2002).

⁵ Ronald C. Kessler et al., 1999. "Prevalence of and Risk Factors for Lifetime Suicide Attempts in the National Comorbidity Survey," *Archives of General Psychiatry* 56: 617-626. As cited in Institute for American Values (2002).

⁶ U.S. Department of Health and Human Services, National Center for Health Statistics. *National Health Interview Survey*. Hyattsville, MD. As cited by *Father Facts* 3, p. 69.

⁷ Jeffrey S. Gray and Michael J. Vanderhart, 2000. "The Determination of Wages: Does Marriage Matter?" in Linda J. Waite et al. (eds.) *The ties that Bind: Perspectives on Marriage and Cohabitation* (New York: Aldine De Gruyter): 356-367; J. Gray, 1997. "The Fall in Men's Return to Marriage," *Journal of Human Resources* 32(3): 481-504; K. Daniel, 1995. "The Marriage Premium," in M. Tomassi and K. Ierulli (eds.) *The New Economics of Human Behavior* (Cambridge: Cambridge University Press): 113-125; Robert F. Schoeni, 1995. "Marital Status and Earnings in Developed Countries," *Journal of Population Economics* 8: 351-59; S. Korenman and D. Neumark, 1991. "Does Marriage Really Make Men More Productive?" *Journal of Human Resources* 26(2):282-307.; Donna K. Gunther and Madeline Zavodny, 2001. "Is the Male Marriage Premium Due to Selection? The Effect of Shotgun Weddings on the Return to Marriage," *Journal of Population Economics* 14: 313-328. As cited in Institute for American Values (2002).

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¹² McLanahan, S. & Sandefur, G. (1994). *Growing Up with a Single Parent: What Hurts, What Helps*. Cambridge: Harvard University Press.

¹³ Paul R. Amato, 2001. "Children of Divorce in the 1990s: An Update of the Amato and Keith (1991) Meta-Analysis," *Journal of Family Psychology* 15(3): 355-370; William H. Jaynes, 2000. "The Effects of Several of the Most Common Family Structures on the Academic Achievement of Eighth Graders," *Marriage and Family Review* 30(1/2): 73-97; Catherine E. Ross and John Mirowsky, 1999. "Parental Divorce, Life-Course Disruption, and Adult Depression," *Journal of Marriage and the Family* 61(4) (November): 1034ff; Sara McLanahan and Gary Sandefur, 1994. *Growing Up With a Single Parent: What Hurts, What Helps* (Cambridge, MA: Harvard University Press); Timothy J. Biblarz and Greg Gottainer, 2000. "Family Structure and Children's Success: A Comparison of Widowed and Divorced Single-Mother Families," *Journal of Marriage and the Family* (62(2) (May): 533; William H. Jaynes, 1999. "Effects of Remarriage Following Divorce on the Academic Achievement of Children," *Journal of Youth and Adolescence* 28(3): 385-393; Nicholas Zill et al., 1993. "Long-Term Effects of Parental Divorce on Parent-Child Relationships, Adjustment, and Achievement in Young Adulthood," *Journal of Family Psychology* 7(1): 91-103. As cited in Institute for American Values (2002).

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ⁱ Waite, L.J. and Gallagher, M. (2000). *The Case for Marriage: Why Married People Are Happier, Healthier, and Better Off Financially*. New York: Doubleday.

ⁱⁱ Over the last 30 years, boys have affirmed this statement at a rate of 69-73%; girls have affirmed it between 80% and 83%. Monitoring the Future Surveys conducted by the Survey Research Center at the University of Michigan, as cited by The National Marriage Project. (2004). *State of Our Unions: The Social Health of Marriage in America*. National Marriage Project, Piscataway, NJ: June 2004. p. 26.

ⁱⁱⁱ In 1990, there were 59.9 teen births per 1,000 teens aged 15-19; this rate dropped to 45.8 by 2001 (U.S. Census Bureau, *Statistical Abstract of the United States, 2003*: Table 86, www.census.gov/prod/2004pubs/03statab/vitstat.pdf)

^{iv} Monitoring the Future Surveys conducted by the Survey Research Center at the University of Michigan, as cited by The National Marriage Project. (2004). *State of Our Unions: The Social Health of Marriage in America*. National Marriage Project, Piscataway, NJ: June 2004. p. 26.

^v Orth, Deborah A., & Malcolm L. Goggin. (December 2003). *How States and Counties Have Responded to the Family Policy Goals of Welfare Reform*. Report to the U.S. Department of Health and Human Services. Administration for Children and Families. The Nelson A. Rockefeller Institute of Government, State University of New York, Albany, New York.

^{vi} FOCCUS = Facilitating Open Couple Communication, Understanding and Study. See “Links to Healthy Marriage Resources” section for more information.

^{vii} FOCCUS = Facilitating Open Couple Communication, Understanding and Study. See “Links to Healthy Marriage Resources” section for more information.

^{viii} PAIRS = Practical Application of Intimate Relationship Skills. See “Links to Healthy Marriage Resources” section for more information.

^{ix} Dion, Robin M., & Debra A. Strong. (May 14, 2004). *Implementing Programs to Strengthen Unwed Parents’ Relationships: Lessons from Family Connections in Alabama*. Washington, DC: Mathematica Policy Research, Inc.